

DYE _____

Name of firm

CODE NUMBER _____

City

State

DATE _____

Country

TO: Biological Stain Commission
Department of Pathology, Box 626
University of Rochester Medical Center
Rochester, NY 14642,
U.S.A.

We are (enclosing) (sending you under separate cover) a set of samples:

_____ 10 gram samples for experimental tests, *or*

_____ two 10 gram and one 5 gram sample for certification

of our lot or batch number _____ Weight of batch _____

This dye is to be sold under the following label:

This dye was manufactured by us.

+))
* * * * *

This dye was purchased elsewhere and purified by us.

* * * * *

This dye was purchased elsewhere and packaged by us.

* * * * *

Signature

Title

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BIOLOGICAL STAIN COMMISSION ASSAY LABORATORY REPORT

DYE CODE # _____ DATE RECEIVED _____ DATE OF REPORT _____

STAINING PERFORMANCE:

ASSAYS: TOTAL DYE CONTENT _____

SPECTROSCOPY:

CHROMATOGRAPHY:

This dye has been found to meet the standards of the Commission and is hereby certified.

For the Biological Stain Commission

This dye does not meet the standards of the Commission and is not certified.

J. A. Kiernan, *Secretary*

(White, yellow and pink copies to be sent to Commission; gold copy for company's file)